

Energise for Excellence: a call to action for senior leaders



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Those of us in senior leadership roles in the NHS face some very clear choices in our approach to quality and cost improvement. Is it possible to deliver cost savings at the scale and pace needed through a drive for better quality? Or does it require more drastic action in terms of cutting back on services? Energise for Excellence (E4E) can offer a real alternative to the cuts in services or incremental budget reductions that many of us are facing.

E4E brings together a range of established programmes such as High Impact Actions for Nurses and Midwives, Productive Care and Safety Express in a coherent framework that can motivate and energise staff to both improve quality and reduce costs. Is this really possible you may ask?

We recognise that the choice is not whether to make savings – this is unavoidable and non negotiable. The choice facing us is how to go about it. Energise for Excellence can offer senior leadership teams a very real and deliverable solution and we can demonstrate examples of this happening across the NHS. We ask you to consider adopting this approach as a priority in your organisation.

Every week, NHS organisations waste millions of pounds of resources through avoidable harms such as patient falls, avoidable infections and pressure ulcers which result in poor patient care, higher costs and higher risk of readmission. E4E has the potential to unleash significant energy for change from within our largest clinical workforce as nurses and midwives respond to this Call to Action

To deliver the scale and pace of change required, E4E needs to be combined with other initiatives which improve quality and productivity by engaging the workforce in change. A joined up E4E approach will give us a fighting chance of securing high quality care at lower cost.



Call to action to senior teams

We call on you to commit to five specific actions.

- **1. Commit** as a senior leadership team and as a board to support your clinical workforce in the delivery of a cohesive E4E programme as part of your quality and cost improvement strategy.
- **2. Identify** those programmes and tools from within the E4E portfolio that are likely to have most impact for your patients and staff.
- **3. Help** front line staff get going with their changes, including measuring their starting point and taking an active interest in their progress.
- **4. Celebrate** success whether small or large and use the good news message to call others to action.
- **5. Tell your story** and encourage those around you to do the same. This will make a compelling case for others to change too.

It's all about the choices we make!

Here are two scenarios based on real life case studies. Reflecting on your own board or senior leadership team, which choice are you making?

Choice 1

The senior leadership team at Trust A had to take the tough decision to spread the burden of its cost reduction programme across all divisions and all professional groups. The nursing and midwifery contribution to this cost reduction goal had been calculated as £340,000 and nurse leaders had developed and implemented a series of changes to nursing roles across the trust.

It was determined that changes should be made in the areas of lowest risk. As a consequence, senior nursing posts were reduced and a number of vacant posts were not filled. The managerial load of the remaining matrons increased and development programmes were scaled back to the absolute essentials. Skill mix changes at band six and seven were also introduced.

This created disincentives for staff at just the time when it was most important they put the full force of their energy and skill to working towards improving quality and reducing cost.

Across the NHS, senior leadership teams are concluding that they have no other choice than to take the kind of decisive action that Trust A has taken.

Choice 2

The senior leadership team of Trust B decided that, despite a similar cost reduction requirement, they would seek to meet their cost reduction challenge by engaging the frontline workforce in improving quality. They saw the opportunity of adopting E4E as an overarching strategy to support their organisation-wide goals. This choice differed from choice A in that it represented a coherent plan to improve quality and reduce cost whilst avoiding the damaging impacts of choice A.

For the previous 18 months, the trust had been working on a strategy to make every ward a Productive Ward. Results showed that they could save £62,500 per ward by reducing length of stay, staff absence, agency costs, patient falls and other harmful events that increased costs. Six months previously, the trust had also introduced The Productive Operating Theatre and was seeking a £2 million a year saving by engaging theatre teams in actions to reduce theatre cancellations, improve utilisation of people and resources, have fewer overruns and avoid the cost of defects. We already know that on average you can save £212,000 per theatre through the application of The Productive Operating Theatre.

Within the past three months, the trust had also signed up for Safety Express. The trust board had ambitious aims that everyone who used its clinical services should receive 'harm free care'. As a first step towards that, the board had committed to achieving an absence of pressure ulcers, patient falls, catheter-associated urinary tract infections and venous thromboembolism in 95% of patients by December 2012.



What else did Trust B do?

The nurse director of Trust B was also a champion of the High Impact Actions for Nursing and Midwifery and had, over the previous eight months, been encouraging nurse leaders throughout the trust to adopt the good practice within the guidance offered by the High Impact Actions. The nursing leadership team at the trust had calculated that the organisation might save a million pounds a year by adopting the best practice for keeping patients nourished, effective patient discharge processes and encouraging normal childbirth.

However, there was some confusion amongst clinical leaders about how various frontline improvement initiatives fitted together to provide a coherent approach. So, the trust senior leadership team were delighted to learn about E4E, which provides an umbrella approach and defined the relationship and connectivity between the initiatives. The senior leadership team of Trust B signed up to the call to action for E4E and its five actions. Specifically they:

 adopted E4E as an overall approach to change and built it explicitly into their plans for quality and cost improvement

 created a series of 'strategy workshops' on a multiprofessional basis with frontline clinical leaders to determine where the biggest opportunities for change were and what the priorities for change should be.
 They used the extensive resources on the E4E website to help inform these decisions

 developed an overall programme management structure incorporating E4E which meant that progress towards quality and cost goals were measured and supported on a trust-wide basis, rather than as a series of discrete projects or isolated initiatives

 built a movement for quality and productivity improvement within the trust, celebrating the small wins which created a sense of hope, 'you can make a difference' and confidence, as well of the larger initiatives which ignited collective action from teams across the organisation and inspired change

• learnt skills of storytelling and narrative as a senior leadership team. This meant that they were all able to tell compelling stories of why the trust was taking the actions that it was taking and why E4E could make an important contribution. As a result, they were able to call even more frontline staff to action.



How are frontline leaders being called to action by Energise for Excellence?



The nursing and midwifery leadership community is making a direct call to action to nurses and midwives across the NHS under the banner of Energising for Excellence. An E4E call to action for front line staff is already available. It tells the story of Susan Pettigrew, a clinical manager. Susan made the choice to contribute to cost savings through quality improvement, rather than stand back and see patient services being reduced as a result of the economic downturn. You can order copies of the frontline E4E call to action via email: E4e.hia@westmidlands.nhs.uk

The E4E direct call to action encourages front line leaders to commit to their own five actions that range from 'committing to take a specific action, to make a specific change, within a specific timescale' to 'telling your story to others'. The advice that the call to action booklet gives to frontline leaders is equally relevant to the senior leadership community:

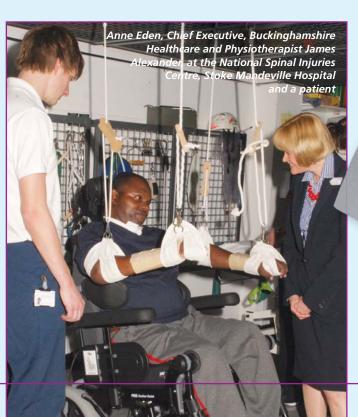
"If enough of us commit to and follow through with the five actions, we can help secure the future of the kind of NHS we want for our patients, ourselves and our

own families. It is in our hands. Let's make that choice as Susan did to get up on our own personal stage, 'make that change', be role models and celebrate success."

E4E also calls senior leaders to take five actions that reflect the senior leadership contribution, but are connected to the actions being taken by nurses and midwives. We will get the best outcomes where we link the five frontline actions with the five senior leaders' actions.

There is a widespread fear amongst frontline clinical leaders that the drive to reduce costs will negate their ability to uphold fundamental NHS values of patient-centredness, compassion and care. Senior leadership teams signing up to E4E as an organisation-wide priority are sending powerful messages to their workforce that it doesn't have to be that way.

Will you join us?







What is the potential for E4E in my organisation?

As a senior team you need to consider the package of programmes in the E4E framework and decide which tools and approaches best fit with your circumstances and your improvement challenges. You can combine High Impact Actions, Safety Express, Productive Care and other initiatives to form a coherent platform for change in your organisation.

The quality and cost benefits of Energise for Excellence for your trust will depend on the size of your organisation, your improvement goals and existing improvement capability. However, based on the experience of trusts that have embraced the initiative within E4E, you might achieve:

- up to £3m per annum savings through The Productive Operating Theatre
- over £1m savings a year by reducing avoidable harms such as patient falls, infections and pressure ulcers
- up to a 40% reduction in sickness absence amongst front line clinical staff
- nearly £1m through reduction in excess bed days.

In addition, E4E offers the potential for significant improvements in:

- better quality outcomes for patients
- care closer to home
- few occupied bed days
- fewer patient readmissions
- improved patient experience
- improved staff satisfaction
- lower agency costs
- improved team leadership
- improved capability for on-going improvement in quality and cost.

The measurement of Nurse Sensitive Outcome Indicators (NSOIs) and the Safety Thermometer measurement system from Safety Express can demonstrate impact of new interventions by measuring those indicators that reflect both harm to patients and show where quality improvements have been made.

You can use an Opportunity Locator to assist in developing potential cost savings to form part of your quality and productivity plans.

As Trust B demonstrates, adopting E4E is an explicit choice. Experience shows that the initiatives within E4E can reduce the variation in practice that frustrates so many of us and get every ward, team and department up to the level of the best. **Make your choice now!**

For more information

www.dh.gov.uk/energiseforexcellence or to ask questions and get in touch email: E4e.hia@westmidlands.nhs.uk The Energise for Excellence Umbrella

A call to action

Energise for Excellence Call to Action

Get Staffing Right

Deliver Care

Measure Impact

Patient Experience

Staff Experience

Safer Nursing
Care Tool
(AUKUH)
HURST
PANDA
Birth Rate+
E Rostering

Productive Care
Safety Express
High Impact
Actions
Essence of Care
NW Care

Indicators

Productive Care
Safety Express
High Impact
Actions

Nurse Sensitive Outcome Measures Real-time
Monitoring
Experience
Based Design
Single Sex
Accommodation
Patient Stories

High Impact Actions

Real-time Monitoring Health and Well Being



"Experience shows that the initiatives within E4E can reduce the variation in practice that frustrates so many of us and get every ward, team and department up to the level of the best."

Katherine Fenton, (left), Chief Nurse, University College London Hospitals NHS Foundation Trust with Natalie Huxtable, Ward Sister

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